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PATENT APPLICATION FEI	DETERMINATION	RECORD
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Effective October 1, 2003

<b>Applic</b>	ation or Docket Number	1
1/1/	ation or Docket Number 751409 49-09397	
رادا	100000	
06	47-075 112	

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			8			·		RATE	FEE	1	RATE	FEE.
FOR			NUMBER FILED		NUME	SER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
ŢC	TAL CHARGEA	ABLE CLAIMS	g minus 20=		• 0			X\$ 9=		OR	X\$18=	S
INE	EPENDENT C	AIMS	<i>3</i> mi	<i>3</i> minus 3 =		· 0		X43=		OR	X86=	0.
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+145=		OR	+290=	0
• If	the difference	in column 1 is	less than ze	ero, enter	"0" in o	column 2	,	TOTAL		OR	TOTAL	$\eta \delta$
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column					(Column 3)		OTHER THAN SMALL ENTITY OR SMALL ENTITY					
Ø	1-6-04	(Column 1) CLAIMS REMAINING		HIGH NUMI	EST BER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
EN	. 001	AFTER AMENDMENT		PREVIO PAID		EXTRA			FEE		77.12	FEE
AMENDMENT A	Total .	· <u>g</u>	Minus	- 2	<u>()                                    </u>	= 0		X\$ 9=	_	OR	X\$18=	
AME	Independent	<u>· 5</u>	Minus	***	<u> </u>	= (2)		X43=		OR	X86=	
	FIRST PRESE	NTATION OF M	JUI IPLE DEI	ENDENI	CLAIM		'	+145=		OR	+290=	·
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)	,	ADDII. FEE (		•	ADDII. FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
D D D D	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	ENDENT			' [	+145=		OR	+290=	•
						٠	_ A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colun	าก 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Σ <u>ο</u>	Total	•	Minus	**		•		X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***		9	lt	X43=		OR	X86=	
٧	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM		-					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
***	f the "Highest Nur If the "Highest Nur	mber Previously Pa mber Previously Pa mber Previously Pa mber Previously Pali	id For IN THI id For IN THI	S SPACE IS S SPACE IS	less that less that	n 20, enter "20." n 3, enter "3."	• •	TOTAL DDIT. FEE			TOTAL ADDIT, FEE	